

# THE MEDICAL NEWS AND LIBRARY.

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## CONTENTS.

### CLINICS.

Clinical Lecture on Excision of the Elbow-Joint, - - - - -  
Clinical Lectures delivered at the "Hôpital des Cliniques," - - - - -  
Peculiar Symptoms produced by Iodide of Potassium, - - - - -

### MEDICAL NEWS.

Domestic Intelligence.—Innusuception of the Bowels, - - - - -  
Bite of a Copperhead Snake (Trigonocephalus Contortrix) successfully treated with Whiskey, - - - - -  
Review of the Weather in Philadelphia during the month of January, 1853, - - - - -  
American Medical Association, - - - - -

Philadelphia College of Physicians, - - - - -	43
Medical Department, U. S. Navy, - - - - -	43
The Schuylkill County Medical Society, - - - - -	43
Philadelphia College of Dental Surgery, - - - - -	43
Dr. C. T. Jackson's anticipated Discovery, - - - - -	44
Foreign Intelligence.—The Furunculoid Epidemic, - - - - -	44
Chloroform in Phagedenic Ulcers, - - - - -	45
Hereditary Peculiarities of form of Body, - - - - -	45
Method of preparing Gelatine, - - - - -	45
Scammony and its Adulterations, - - - - -	46
39 The Medical Profession of Paris, - - - - -	47
Physicians to the Household of the Emperor of France, - - - - -	47
40 Dr. Rousseau, - - - - -	48
M. Maligagne, - - - - -	48
40 Medical Students in Paris, - - - - -	48
43 Obituary Record, - - - - -	48

TODD AND BOWMAN'S PHYSIOLOGY,

SIXTEEN PAGES.

### CLINICS.

*Clinical Lecture on Excision of the Elbow-Joint*, delivered at King's College Hospital. By W. FERGUSON, Esq., F. R. S.—GENTLEMEN: During the last few months we have had under treatment in the hospital several very interesting cases of disease of the joints, wherein we have been attempting to save the limbs by performing the operation of excision or resection of the extremities of the bones constituting the articulations. I need hardly tell the youngest pupil among you, that the terms excision and resection of joints have only been of late years familiarly known to the surgeon; for, indeed, among the older surgeons, the treatment of diseased bone and joints was restricted to two methods alone, viz.: the employment of local applications, when it was deemed that the morbid condition might be changed or cured; and, if these failed, amputation of

the extremity in which the disease was situated. There was at this time no medium between the two; if the condition of the bone or joint affected was incurable, or deemed incurable, the whole or greater portion of the limb was at once removed by means of the amputating knife; and, of course, not unfrequently the life of the patient was sacrificed at the same time. But, fortunately for the subjects of these maladies, as well as for the sake of our science, great advances have been made in the surgery of diseased bone and joints. Surgeons do not any longer resort indiscriminately to amputation—at least many of them do not—but find that they are enabled, by removing the diseased parts by a limited operation, to save both the life and the limb of their patient.

These observations apply to a great many operations hardly known to our predecessors; they apply to necrosis as well as to diseased

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VOL. XI.—3

joints, both instances in which amputation was formerly practised. But, in my present lecture, I shall confine my remarks exclusively to the operation of excision or resection, as applied in cases of diseased joints. I have little doubt that there will be many additional opportunities for your attention being called to this department of surgery during the session; but, as there has been of late a number of cases collected together in which resection had been done, it will be advantageous to draw your especial attention to this subject at this period. And, at the outset, I must beg of you to bear in mind that, as students of surgery, and future practitioners, you cannot over-estimate the importance of this subject; indeed, I do not think that I, as your teacher, or that any teacher in surgery, can bring it too often before your minds, for, in my humble opinion, these operations constitute as nearly as possible the perfection of surgery.

Now, you know it is generally considered that amputation is the opprobrium of surgery; this term is constantly applied to it in a thoughtless and careless manner; but I think that this expression should not be used in connection with amputation or any other surgical procedure, for by doing so we give as it were to surgery the capability of curing all diseases. But there is no other department in social life in which man and his resources are considered infallible; and we all tacitly allow that surgery and surgeons cannot control or cure all diseases. It therefore appears to me to be absurd to blame our art because it sometimes, and that not unfrequently, fails us. While I hold these views I feel equally bound to confess, that I do not consider surgery is come to that condition that we can go so far and no further. No surgeon should say this, otherwise he will retrograde instead of advance in knowledge. The most accomplished surgeon should endeavour to improve his resources, however well he may wield them; for indeed it will be found that the best surgeon is the least satisfied with the amount of knowledge he possesses; that which he is already master of does not blind him to his ignorance. I have generally found that young men of two or three and twenty consider themselves most perfect surgeons; and I am speaking now of gentlemen who have really and truly studied their profession with all the ardour they can; but if they still continue with the same energetic purpose, they will find in the

course of five or six years more that they are not such masters as they supposed themselves to be, and that, in fact, they are ignorant of a great deal; and as they get on, they see the necessity of not neglecting any means of improvement, if it is their wish and determination to practise surgery with credit and success. Well, it is in consequence of this wholesome spirit having existed, that surgeons of the present age have seen the propriety of making some advancement in the treatment of diseased joints. Some of them thought that it was unnecessary to remove the whole member for the purpose of curing a diseased joint, and it began to be considered that it was safest and best to remove as small a portion of the body as possible by an operation, when it was soon shown that joints alone might be excised, and yet the whole limb be saved.

I have made these preliminary observations for the purpose of impressing upon you the great advantage of what has been so appropriately termed conservative surgery, surgery which saves by destroying as little as possible, which enables the practitioner to get rid of disease with the smallest amount of mutilation, and, as hitherto known, with the perfection of surgical practice; I say hitherto, because as yet we do not possess the means of curing certain conditions of disease of the joints. If we did, I would then willingly admit that we had gone a step further, and acquired a power superior to resection.

Although in my opinion no one can conscientiously say that they can cure a diseased bone or joint, there are some who boast that they can do so; and they are justified, in their own sight at least, in saying so, because some instances are met with every now and then where the most formidable kinds of disease of these textures are in common language cured. Certain remedies have been given, and, in the course of time, a favourable change has taken place when there appeared to be no hope; but the surgeon must not too hastily attribute the cure to these remedies. In most of these cases Nature has done the work; the morbid actions, in the course of time, and, under favourable circumstances, have been arrested; and thus a cure is said to have been made. It is more proper, however, in speaking of such cases, to say that the part has got well, than that the surgeon has cured it.

I think, therefore, that we should be care-

ful in the language we adopt in reference to this subject. Admitting, as I do most frankly, that I have seen instances where bad joints have got well, as where all the bones of the wrist-joint were grating on each other; nevertheless, in the majority of such cases there will, in the end, be the necessity for active interference on the part of the surgeon. It then becomes a question what is to be done: whether he can remove the disease by an operation purely local, or whether it will be necessary, for the sake of the patient, to take away the entire member by amputation.

You must take it for granted, that, prior to this question arising, all those remedies which are found useful in diseased joints have been employed by the surgeon, that the affection is getting worse, and that unless something decided is done the patient may be destroyed, or at least may possess a limb entirely useless to him. The cases which I shall now bring before your notice were under these circumstances: The first is that of Mary Brown, aged 44, who was admitted in the spring of this year, with what I may truly term incurable disease of the left elbow-joint. The disease had been in existence for seven years, and had run through its course of inflammation, suppuration, destruction of cartilage, and, probably, partial ankylosis. However, a few weeks before her admission, fresh disease set up in the joint with great severity, and increased so much that the part got into a very bad condition, and the health of the woman was very much broken up. Various remedies were tried, but the patient rapidly got worse, and at the expiration of seven weeks from her admission it was deemed necessary to perform some operation.

The question here was, Should amputation of the arm be performed, or should excision of the joint be had recourse to? I believe it was a case where many surgeons would have performed amputation of the upper arm, because I am aware that it is done in cases even of disease of the elbow-joint in young persons; but here the patient was beyond that age at which it is customary to put this proceeding in force. It is considered that excisions are not so likely to be attended with success in persons of mature age, and in elderly people, as in those more youthful. However, taking all things into consideration, I thought it better to perform excision of the elbow-joint, and I ac-

cordingly did this, May 29, in the ordinary manner; the ends of the bones were in a much diseased condition. The circumstances were very unfavourable here, and I am aware that remarks were made by some persons at the time, to the effect that the operation of excision was extraordinary treatment. These were not intended for my ears, but nevertheless they did reach them. I do not wonder at remarks of this nature coming from individuals who know little or nothing about excision of joints. Those who are familiar with the nature of these operations, and who in reality understand this branch of surgery, do not indulge in depreciatory observations, or, at all events, if they do, they keep them to themselves.

Well, time has proved the correctness of the decision come to in reference to this case; for, although the convalescence was tedious, and great care was required in dressing the wound, the patient progressed most favourably, and we had an opportunity the other day of seeing how well the case has turned out, and what good position the arm is in. The parts were kept, after the operation, in such a position that, should ankylosis occur, there would be a right angle at the elbow. It was not thought likely that a good false joint could be formed here at the patient's advanced age, and therefore there was not any motion allowed; nevertheless, there is now a false joint, and she has now a tolerable use of her forearm and hand. Altogether, the case may be looked upon as creditable to surgery, and as a good illustration of that which is so aptly termed *Conservative Surgery*.

The next case is also one of diseased elbow-joint. The name of the patient is Anne Gough, a woman aged 30, who was admitted about a fortnight since into the Victoria Ward. She had been suffering from a disease of the right elbow-joint for two years, which had been treated by various methods, but benefit had not accrued. When she was admitted, the appearance of the joint was just such as is observed in cases where there is very serious disease, although there was not any sinus or fistula. It might have appeared to those who saw it, that there was not so much disease here as in the other case, where there were several sinuses; but I felt certain that the morbid condition was very great. I therefore excised the ends of the bones on November 27, and here (showing the excised parts)

you see them. You can hardly recognize the ends of the radius or ulna, and the lower extremity of the humerus is in a very diseased state. This patient has been doing very well indeed, and, as she is so much younger than the other, I shall by-and-by permit some gradual motion, in order that a false joint may be formed.

The next and last case in which the operation of excision of the elbow-joint has been performed is one of so interesting a character that I must detail it at somewhat greater length to you. The principal features of the case are detailed in the books as follows:—

"George Gaskin, aged 34, a sailor, was admitted into the Albert Ward at the end of September, with a distorted condition of the left elbow. It appears that while at sea, on the coast of South America, some seven years back, he fell from the rigging of his vessel, and injured his elbow. According to his own account, it was at that time dislocated. Unfortunately for him, there was not any surgeon on board of his ship, and it was not until after some days that he had any professional advice. He then saw a surgeon, who told him—that he had merely sprained his arm, and that an emulsion would put it all right.

"After his return to England he went first to St. Bartholomew's Hospital, where attempts were made to put the joint into a more useful position, but they were not attended with any success. The forearm was now nearly on a line with the upper arm, and of course it was very inconvenient to him. He now consulted a quack surgeon in the north of England, who tried by various manipulations to remedy the distorted state of the limb by using powerful flexion, and he succeeded in altering its position; but with this state of things the patient became dissatisfied, and allowed the limb to be violently extended. By these means combined, a certain amount of improvement was brought about. Some time after this he again submitted himself to some more severe manipulations, which ended in producing a fracture of one of the bones of the forearm.

"Some time afterwards he applied to a surgeon in his native county, who tried hard for a long time to alter the position of the limb, but he did not effect any melioration. The patient subsequently again came to London, and placed himself under the care of one of the surgeons at Guy's Hospital.

This gentleman made an attempt to get the arm out of its extended position by cutting across the triceps, and afterwards placing the limb in a certain position, but no good was done by this measure.

"The man then left this institution and entered the Royal Free Hospital, where various incisions were made about the joint and the flexor tendons were divided. However the arm remained in the same position. He was afterwards admitted into King's College Hospital.

"The forearm was nearly in a line with the upper arm, and the elbow-joint presented the appearance as though some of the bones had been knocked out of place. The olecranon process was very prominent, and the ulna and humerus were perfectly ankylosed, but the radius was movable on the humerus; there also appeared to be great thickening of the bones. The limb was totally useless to the man, from the unfortunate position in which it was retained, and he was willing to undergo any mode of treatment which would promise to bring it into better adaptation for use. Mr. Fergusson, therefore, determined to excise the joint, and afterwards to place the forearm at right angles with the arm, and keep it in that position. Accordingly, on October 9, the patient was placed under the influence of chloroform, and the ordinary incisions in excising the elbow-joint were made, and the ends of the bones were cut out. There was great difficulty in the operation in consequence of the enormous thickening of the extremities of the bones. The arm was placed in a flexed position."

Now, you saw that this man's arm was in such a position before the operation that it could not be of any use to him whatever; and there was, moreover, extensive exudation of new bone, the result of injury or disease. The joint had been cut into by other surgeons, incisions had been made, and tendons had been divided without any definite object, or without doing any good, and, indeed, it could not be expected that these measures would do any good. When he appeared here, it struck me that if I were to excise the extremities of the bones, it might have the effect of permitting us to place the limb in a position in which it might be of some use to him. Well, after I had done the operation, I took care to order that in a short time a little motion might be encouraged in order to bring about a false articulation, and you now see the result. The arm

is in capital position, the woundshave healed up, and there is a limited motion in the joint. He certainly does not move the joint so freely as I could have wished, because there is a deal of thickening about it, but you saw how enormously the ends of the bones were enlarged when I took them away, and this may possibly account for there being less motion than we usually see in instances of false joint after resection here.

I have not heretofore had an opportunity of doing an operation of this nature with the same purpose in view, and, in this instance, I was led to adopt this mode of proceeding from what I saw some few months ago whilst I was in Edinburgh. There was a case of ankylosed elbow-joint in the Royal Infirmary there, under the care of my friend Dr. Richard Mackenzie, and it was proposed, in that case, to extirpate the joint. In the course of a week or two afterwards I found that Dr. Mackenzie had performed this operation with the very best results; and I believe that there are many cases in which a similar mode of treatment might be adopted with equal advantage. I must, however, state to you that in America operations of this nature have been performed; for Dr. Barton, of Philadelphia, has, in more than one instance, cut through bone near joints which have been ankylosed in a bad position; and, in one instance, that of a sailor, where ankylosis of the hip had taken place, and had rendered the limb useless, the femur was cut through with a favourable result.

My time will not allow me at present to refer at any greater length to this important subject; but I shall take another opportunity of drawing your attention to a case which has excited great interest among us all. I allude to the instance where I performed excision of the knee-joint, an operation which you know has been so rarely performed that its merits and expediency are as yet only *sub judice*.—*Med. Times and Gaz.* Jan. 15, 1853.

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*Clinical Lectures delivered at the "Hôpital des Cliniques," by M. NELATON. Reported for this Journal, by WALTER F. ATLEE, M. D., of Lancaster, Pa.*

**CASE I. Necrosis of the Radius.**—We have a case of necrosis of the radius, in a young man of twenty. He has the aspect of strength. He is a cabinet-maker by trade. Five years ago—and before that time he

never was sick—after having worked all day, he was suddenly seized with a sharp pain, keeping him from sleep, in the exterior part of his forearm. He called a physician, who applied leeches to the part, for there was inflammation. After several days a red spot appeared towards the inferior extremity of the radius. Thinking it an abscess, the physician made a puncture, but no pus issued. After the ninth day he made another puncture, a few centimetres nearer to the elbow. At the end of a year he began again to work with these fistulas. On examination you find that the border of the radius is bigger than it should be. The osseous projection is towards the external border. With a sound you find a sequestrum. It is now to be determined if there be one sequestrum or several. The sound is now inserted in one hole, touch the sequestrum, and I try to cause motion in the other opening. This takes place. I think, then, there is here one large sequestrum, as large as my finger. This examination has determined also its mobility. Besides, it is necessary to know if it is surrounded by soft parts, or in an osseous sheath. You know that pus is formed, and, if the sequestrum be inclosed in a new bone, there is a cavity. It is necessary to take a stylet and make it penetrate as far as the sequestrum. When the instruments are withdrawn there should be a spring when the sound quits the bone. Here I am in doubt; I think that there is an osseous sheath, but not inclosing all. In this case the disease commenced suddenly. I have often seen cases like that of this young man. There is sharp pain, often a chill, and nothing is visible externally. Generally, the physician takes it for rheumatism, and you can be readily led into error. This pain is assuaged by pressure. All this lasts some days. At last you find a liquid, you make a puncture, and there is a flow of pus. You see all this generally in the thigh. Towards the sixth or eighth days you have the swelling of the thigh, the puncture, and the determination of a denuded bone. In the case of this young man, I am convinced things have occurred as I have just told you. I am satisfied that if the physician had examined on the ninth day, when he opened the abscess, he would have found the bone denuded. In this bone the long abductor and short extensor are situated alongside of the fistula. We shall take care in our incisions, and pull aside the muscles. Sometimes, in

these cases, the flow of blood is very abundant ; the bone being surrounded by a tissue of soft parts, but quite hard, a kind of fibro-cartilage ; when you cut the vessels, they remain with their mouths open, and do not close. If the flow of blood be very great, you can cover all with charpie and rest awhile. Here the sequestrum is about two centimetres deep. If it be possible to pull the sequestrum in the axis of the bone, we will pull in that direction of course.

In the operation, he was forced to make a notch in order to extract the necrosed bone. The operation was very long and tedious. Some of the difficulties he had foreseen ; others he had not. There was a notable narrowing of the interosseous space, the radius being deformed, and leaving a very small space between it and the cubitus. With Liston's forceps he cut the sequestrum in two parts in the notch. There is a great deal of force and violence exerted in these operations, and one would suppose serious results would follow ; but it must be remembered that they are exerted upon a dead bone, which afterwards is removed. The wound was left exposed for several days, with a constant stream of water running over it, as long as there was any reason to fear inflammation of the cellular tissue of the forearm. Afterwards the irrigation was stopped, and it was allowed to suppurate. There was no pain, no swelling, no redness after the operation, or any muscular hernia, which you know occurs quite often after an incision into the aponeurosis of the forearm.

**CASE II. Ranula.**—I am going to operate before you upon a patient who has ranula. I will give you the history of his treatment, to let you see the difficulty sometimes of curing these cases. In 1849, the patient went to M. Jobert, with a tumour beneath the tongue. He was about to be operated upon, when the tumour opened of itself. In October, the tumour had returned ; M. Boyer, at Hotel Dieu, had cut it out. In 1850, the tumour had returned, and he again presented himself to M. Boyer. This time the tumour was upon the left side ; before, it was upon the right. M. Boyer excised it again. In October of 1850, it had again returned. M. Boyer made two punctures ; one under the tongue, the other externally, for the tumour began to show itself under the jaw. In 1851, he went to M. Thierry. He passed a leaden thread externally, and left it in place for eight days. It produced nothing satisfactory. M. Thi-

erry placed in the interior of the mouth, in November, a seton. Afterwards he performed a third operation, passing a seton by the mouth to come out externally. Very great inflammation followed. M. Thierry being, for some reason or other, prevented from attending to him, M. Velpeau took care of him. He made an incision of two inches into the huge swelling ; and, in the course of time, the inflammatory symptoms passed away. Afterwards, M. Thierry applied the instrument of M. Dupuytren. It resembles a shirt button, with a canal in the centre. You see thus how much has been done to cure this tumour, and it remains as it was in spite of all. In regard to the nature of the affection, an Irish surgeon, long ago, emitted the opinion that it was owing to a dilatation of the duct of Wharton ; the orifice being obstructed. This opinion was believed true, until some researches which were made about two years ago, and which have proved it false. In the greater number of cases the duct is not obstructed ; in the case before you it is not. If you expose the patient to a strong light, look at the duct where it opens into the mouth, and apply a little salt upon the tongue ; when the salt melts, and there is a sensation of taste, a liquid spouts out from the opening ; and again, this liquid is not the same with that found in the tumour, which is very viscous, more so than the white of an egg. The tumour extends behind, a fact very easy to explain, when you reflect upon the anatomy of the region. There is an interval between the two muscles, hyoglossus and the mylo-hyoideus, where the extension can take place. I consider these tumours as mucous cysts. What must be done ? You must obliterate the sac in the whole of its extent. I am going to inject into it a solution of iodine, but the membrane is lined by a thick viscous liquid, which must be carefully washed away or the injection cannot come into contact with the walls. I am going to make a puncture with a bistoury in the mouth, another externally ; after that clean well the cyst, and after that precaution inject iodine. This operation succeeds. He did this. At the end of twenty-four hours the tumour was reproduced, it had the same volume, was a little more hard and painful to the touch. The things were allowed to have their march, and now the effusion following such injections is being absorbed. I saw a case of the sort last year which was cured.

*Peculiar Symptoms produced by Iodide of Potassium.*—The case I am to relate now is a curious one, but interesting, as showing the action of a medicament now very much employed. In the women's ward is a patient who presents an unusual accident. I will speak of it to-day, for perhaps it will be over to-morrow. She had a disease of the breast, and I was in doubt as to its nature for some time. Yesterday, I gave her one grammie of the iodide of potassium. In the course of the day she was taken with the symptoms of œdema of the glottis, namely, great dyspncea with its peculiar character; the inspiration taking place with much difficulty, the expiration easily. You know that the affection is not one of the glottis, properly speaking, but of the ligaments. You can thus give the reason for the peculiarity of the respiration. She had pain in the head, and pain towards the bottom of the throat. To-day she appears very suffering; there is œdema of the eyelids, &c. &c. Would she have been taken with these symptoms without having taken the iodide of potassium? I do not hesitate to say that the iodide of potassium is the cause of all. In my private practice, I have seen some cases in which some things very unwonted occurred. You have all seen cases in which coughs, sore-throats, &c., have followed its administration. These phenomena are very common; in eight cases out of ten, you see them the first time a patient takes the iodide of potash. In some cases that have occurred to me, the pain was above all in the frontal sinus or about that region; in others, there was sore-throat and salivation. From these cases there is only one step to take to come to this. From the œdema of the palate (*le voile du palais*) to the œdema of the upper part of the larynx is what you see in this case. If she be taken with a paroxysm of suffocation, the ligaments must be scarified, which can easily be done, or the operation of tracheotomy performed. I gave to-day some tartar emetic with ipecacuanha.

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*Intussusception of the Bowels.*—Dr. DANIEL BARBER, of New Richmond, Ohio, relates (*Western Lancet*) a case of intussus-

ception successfully treated by a method which differs, in some respects, from that ordinarily pursued.

The subject was a young man aged twenty years. He had two attacks of colic within ten days. Constipation followed immediately upon the last. He was treated for four days with purgatives, warm water injections, bleeding, &c., without any effect. At the end of this time (Nov. 13) Dr. B. was called in consultation with Dr. Bennett, of Withamsville, the attending physician. The patient at this time was in the following condition: Pulse 120; abdomen tympanitic, and tender to the touch; extremely severe paroxysmal pain of the bowels, frequent vomiting of highly offensive matter, obstinate constipation.

To subdue the tendency to peritoneal inflammation, the bleeding was repeated and the sulphate of morphia administered in half-grain doses every two hours until he was brought fully under its influence. On the evening of the 14th, the pulse had fallen to 96; the tenderness and pain of the bowels were materially diminished; the vomiting less frequent and distressing; constipation continued. Frequent and large quantities of warm water had been continued to be injected. At Dr. Barber's suggestion, the following plan of treatment was now adopted:—

A small quantity of brewers' yeast was procured, from which was prepared in the usual way a quantity sufficient for the purpose. At about midnight, a tumbler half full was given, and the same quantity ordered to be repeated once or twice every hour.

On the afternoon of the 15th, when it was obvious from the quantity taken and retained, that the intestines above the obstruction were distended with carbonic acid gas, the colon was likewise inflated with atmosphere by means of a pair of fire bellows.

By these means combined, the intestinal canal throughout its whole course was inflated, and the obstruction reduced.

At nine o'clock in the evening, a copious evacuation of the bowels ensued, followed by several others during the night. At the same time the explosions of gas were so violent as to be heard at some distance from the house; it was literally keeping up a regular fire. The patient was at once relieved, and speedily recovered his former health. Besides the distending force of the gas, it is very probable that it exercises a beneficial

influence by its sedative and antiseptic properties.

Drs. Johnston and Rogers, of New Richmond, have given yeast in two or three cases of this disease, during the course of their practice, with success. In one case relief was afforded on the fourteenth day of the attack, after every other means had been tried and failed.

From the above facts, Dr. B. says he should feel disposed to give this plan a trial in every case, where the ordinary means fail. Should relief not be obtained in a reasonable length of time, and the case be protracted, and as it were hopeless, a moderate exhibition of the yeast, by its antiseptic properties and by gently exciting the peristaltic action, would afford perhaps the best prospects of success.

*Bite of a Copperhead Snake (Trigonocephalus Contortix) successfully treated with Whiskey.*—Dr. N. H. MORAGNE, of Abbeville, South Carolina, relates (*Southern Med. and Surg. Journal*, Feb. 1853) the following case:—

"On the 21st of June last, I was called to see a negro man belonging to Capt. P—, of Abbeville district. Found him partially delirious; skin hot and dry; pulse very much excited, ranging from 100 to 120; left leg and ankle swollen to a great degree. Upon making inquiry into the history of this case, I learned that the patient had been bitten about twelve weeks previously by a "trigonocephalus," or, as it is frequently styled in this part of the country, copperhead or highland mockeson. This very poisonous reptile was concealed beneath the step of a *meat-house*, and inflicted a wound upon the inside of the foot, near the ankle-joint. I immediately applied a ligature above the seat of affection; prescribed poultices over the wound; and olive oil, ammonia, &c., internally.

"22d. The patient is *in statu quo*; no abatement of the swelling, delirious; ordered whiskey, *ad libitum*.

"23d. No decided improvement; still anxious, restless, and uneasy; skin hot and dry. Continued the whiskey, combined with capsicum; it was administered until the patient was fully under its influence, without regard to quantity. Left opium to be given if necessary.

"24th. Had passed the "crisis." A profuse perspiration was out over his entire system; the tumefaction was subsiding; the

delirium had ceased; he spoke rationally, and speedily convalesced."

*Review of the Weather in Philadelphia during the month of January, 1853.*—The first half of the month was unusually mild, the mercury but once falling so low as 25 degrees. At 1 P M. on the 8th the thermometer stood at 50° in the shade, and at the same time rose to 83° in the sun's rays. The little black-cap titmouse, *Parus atricapillus*, was seen in the grounds of Penn. Hospital, gayly flitting from tree to tree, and uttering his sharp winter note of "chicadee;" and near him was the sap-sucker, or downy woodpecker, *picus pubescens*, actively engaged, as was his companion the titmouse, in exploring trunk and branch of the stately old trees, that environ that institution, for the insects or their grubs and eggs that lie hid in crannies of the bark, or buried beneath it. These are their favourite food, and untold and ill required are the services they thus render in seeking out and destroying swarms of insect predators upon our orchards and gardens.

Among the many charming mornings of the month, that of the 10th was unsurpassed; the temperature was 40°, without clouds and without wind, and as soon as the rising sun peered through the city mist that always envelops us, when the wind is still, a spring-like glow seemed to animate all nature. It was on this lovely morning that the passer-by of Franklin Square, at its S. W. corner, might have heard the sparrow, *fringilla melodia*, who by the mildness of the season had been induced to retrace his steps, and in mid-winter as it was, to cheer us with a melody equalled in sweetness and gushing pathos by few even of his own congeners.

Besides swelling the buds of the linden, the maple, and several other hardy and deciduous trees, the mild weather had enabled rose-bushes favorably situated to retain their foliage, and, up to the evening of the 16th, several of these were seen still adorned with fresh buds and blossoms. The crocus and the hyacinth, too, as if tired of their long sleep, had burst their tunics, and pushed their green spathes fairly above the earth.

The 15th was cloudy, with a light wind from the N. W., which increased during the evening to a fresh breeze, and the mercury fell during the ensuing night to 22 degrees, and by 2 o'clock of the 16th to 18 degrees, making a fall of 22 degrees in

less than twenty-four hours. On the following morning, the 17th, at sunrise, the mercury had reached its lowest point, 14 degrees; from which time the weather was moderate till the 26th, which was a cold day; and on the following morning, the 27th, the thermometer indicated twelve degrees only above zero; a degree of cold unequalled during the month. The 28th was cold, when the month closed with three spring-like days.

More or less snow or rain fell on eight days, and the whole fall of both, reduced to water, as measured at the Pennsylvania Hospital, was 1.84 inches.

In the immediate neighbourhood of the city, not more than 2 or 3 inches of snow has at one time covered the earth; and the Delaware has been open to navigation from the city to its mouth, though cumbered with considerable floating ice for a few days. The Schuylkill was closed above the dam at Fairmount, the latter part of the month, and has furnished ice 5 or 6 inches in thickness.

The mean temperature of the past month was 34°.12 degrees, which is about 6 degrees above the mean of the same month last year, and 3 degrees above the mean of the last sixty years. No month in the calendar has exhibited so great a thermometrical range as this; the mean having several times risen to 38 degrees; once, *viz.*, in 1793 to 40 degrees; and it is recorded by Pierce at 44 degrees in 1790. So, by the same authority, the mean of the first month has fallen several times to 26 degrees; twice, *viz.*, in 1821 and 1832, it is put down at 25 degrees; and in 1840, the mean fell to 24 degrees, giving an extreme range of 20 degrees, the last sixty years in the mean temperature of this month.

Throughout the Northern and Middle States the early part of the month was very mild. The harbours were open on Lake Erie; the Hudson River was navigable to Albany on the 11th; and the Connecticut River did not close till the 16th, a period later by three weeks, it is said, than for any year in the last twenty. At Wheeling, the Ohio remained open to navigation till the 26th.

A snow-storm prevailed extensively from the 12th to the 14th, East and West, from the sea-board to Pittsburg. At Boston the fall was 12 inches, and at New Haven about 18 inches. This was followed by a tempe-

rature of 7 degrees at Baltimore on the 26th, and 8 degrees at New York city on the 27th. At Ogdensburg, N. Y., the mercury is said to have fallen on the 27th to 9 degrees below zero; and, at the same time, the ice at Albany was strong enough for loaded teams to cross the Hudson.

Northerly winds have prevailed on the Atlantic, and especially along our own coast, in more than the usual degree, veering from N. W. to N. E., and often amounting to a gale. These have caused many tedious voyages from Europe to this country; and several vessels have recently arrived from the South at our Northern ports, which have been from eighteen to twenty-eight days north of the latitude of Cape Hatteras; that is, being within a day's sail, with a fair wind, it has required three or four weeks to make the desired haven. Shipwrecks upon our coast have been perhaps less disastrous, but about as numerous as in former winters.

The number of deaths from all causes for the five weeks embraced within the month, as reported weekly from the Health-Office, was 928, which is 113 less than for the corresponding five weeks of last year. The number of deaths from diseases of the organs of respiration was 266, which is 32 less than for the same month last year.

A few words of "Indian Summer," in answer to J. M. E.'s inquiry some weeks ago, will suffice to tell all we *know* about it. Pierce, in his published record, alludes to it but a few times, and in this wise, *viz.*: "Nov. 1831. It (the month) commenced mild and pleasant, (Indian summer-like) until the 11th." In 1840, same month, he says, "It commenced with what is generally called Indian Summer, and so continued until the 8th." And again in 1844, Nov., he says, "A great part of the month was like Indian summer in this vicinity."

In our own record we find this season alluded to only in the following years and months: *viz.*, in 1849, the seven days, from 10th month, 23d to 29th, are put down as Indian summer days. In 1850, nine days are recorded as Indian summer, *viz.*, 10th month, 9th, and 11th month, 2d, 5th, 6th, 13th, 14th, 15th, 22d, and 27th. In 1851, we have two days only credited to Indian summer, *viz.*, the 8th and 9th of the 10th month. Our record for 1852 is in Washington, and we have retained no copy.

In this country and in Europe, there

usually occurs in the latter part of autumn; a series of mild, calm, fair days, which are peculiarly bland and agreeable. This period is, in England, called "Michaelmas summer." With us it has obtained the name of Indian summer, and has the additional feature of *haziness*, the morning and evening sun appearing red, as if shrouded in smoke. This occurs at a time when the air, and the earth, and ocean, near their surface, are about of equal temperature, and as difference of temperature between land and sea is, in maritime countries, a chief cause of winds, this thermal equilibrium would seem to account for the calm that characterizes the season.

Of the other characteristic of Indian summer, the smoke or haze, for without this there can be no *Indian* summer, many years of observation have convinced us that it is wholly due to a stratum of smoke upon the earth's surface, derived mainly from the practice of burning at this season of the year heaps of rubbish by our farmers in

their fields. True, a brisk fire of light brush would produce little smoke, but a dozen or more of smouldering heaps in a single field, as we have often seen, and these smoking fields scattered over extended districts, seem quite equivalent to the production of the effect we suggest; especially does this seem probable, when we consider that, on these hazy autumnal days, there is little or no wind to mingle the smoke with the upper strata of air, or to bear it away to other regions.

This hypothesis is strengthened also by the well-known fact, that in the older and more densely populated States, as Massachusetts, where field burning is now little practised, the Indian summer is rarely witnessed, and that for a day or two only; whereas the time is quite within the memory of many, when this delightful season was quite familiar to the easternmost denizens of that notable old commonwealth.

P. S.

Days of month.	THERMOMETER.			WIND—COURSE AND FORCE.		REMARKS.
	Sunrise.	2 P. M.	Mean.	Sunrise.	2 P. M.	
1	50	52	51	Calm.	N. N. W. 3	Rain from 5½ to 11½ A. M., fair.
2	31	38	34½	N. E. 2½	E. by S. 3	Clear, overcast.
3	37	43	40	N. by E. 5	N. by E. 2	Overcast, fair.
4	38	36	37	N. by E. 5	N. by E. 4	Cloudy, fair, clear.
5	25	36	30½	N. W. 2	N. W. 3	Clear, fair.
6	27	41	34	S. W. 2	S. W. 1½	Fair, clear.
7	32	52	42	S. W. 1	W. by S. 1	Clear.
8	37	52	44½	Calm.	S. W. 1	City mist, clear.
9	40	52	46	Do.	S. S. W. ½	Fog, fair, clear.
10	40	50	45	Do.	N. N. W. 1	City mist, <i>Indian Summer day</i> .
11	38	48	43	Do.	S. S. W. ½	Dry fog, fair.
12	38	34	36	N. N. E. 4	N. E. 4	Overcast, sleet and snow.
13	28	32	30	N. 3	N. N. E. 3	Overcast, light snow.
14	33	34	33½	N. 1	N. N. W. 2	Cloudy, fair.
15	34	40	37	N. W. 1	W. by N. 2	Do, fair, cloudy.
16	22	18	20	W. N. W. 3	N. W. 3	Fair, Therm. 14 degrees at 10 P. M.
17	14	25	19½	N. W. 3	W. by N. 2	Cloudless, clear.
18	21	27	24	N. N. W. 1	N. W. 2	Fair, clear.
19	24	29	26½	N. by W. 3	W. N. W. 3	Overcast, clear.
20	26	34	30	W. N. W. 1	W. N. W. 3	Clear, cloudy.
21	33	42	37½	N. W. 1	N. W. 2	Fair, cloudless.
22	31	42	36½	S. W. 1	S. W. 1	Fair, overcast.
23	38	40	39	N. by E. 3	N. 2	Rain most of the day.
24	37	40	38½	S. W. 3	S. W. 3	Cloudy, snow and rain, cloudy P. M.
25	31	35	33	N. W. 2	S. S. W. 2	Clear, overcast, snow-squalls.
26	23	21	22	N. W. 2	W. N. W. 4	Clear, snow-squalls.
27	12	23	17½	W. S. W. 2	N. W. 3	Cloudless, clear.
28	17	28	22½	N. W. ½	N. W. 1	Do.
29	23	38	30½	S. W. ½	S. W. 2	Do.
30	32	44	38	Calm.	W. by N. 2	Cloudless, cloudy.
31	32	46	39	Do.	S. W. 2.	Cloudless, clear.
	30.45	37.80	34.12	1.5	2.1	Monthly mean.

PHILADELPHIA, 2d Month, 2, 1853.

*American Medical Association.*—The sixth annual meeting of this Association will be held at the City of New York, on Tuesday, May 3, 1853.

The Secretaries of all Societies, and other bodies entitled to representation in this Association, are requested to forward to the undersigned correct lists of their respective delegations as soon as they may be appointed; and it is desired by the Committee of Arrangements that these appointments be made at an early a period as possible.

The following is an extract from Article II. of the Constitution:—

“ Each local Society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for each additional fraction of more than half this number. The faculty of every regularly constituted medical college, or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.”

EDWARD L. BEADLE,  
*One of the Secretaries of the Am. Med. Asso., 42 Bleecker Street, N. Y.*

*Philadelphia College of Physicians.*—At a meeting of the College of Physicians of Philadelphia, held Feb. 2, 1853, the following gentlemen were elected Delegates to the American Medical Association:—

Drs. Isaac Hays, Geo. Fox, Henry Bond, W. S. W. Ruschenberger, G. Emerson, J. Rodman Paul, Charles Evans, Wm. Ashmead, John Bell, Ed. Hallowell, Alfred Stille, Jos. Carson, R. La Roche, Ed. Hartshorne, Robert Bridges.

*Medical Department, U. S. Navy.*—The Naval Medical Board of Examination, which was convened at Philadelphia on the 15th of December last, has reported the following Assistant Surgeons as qualified for promotion, to wit:—

- No. 1. William Lowber.
- No. 2. P. J. Horwitz.
- No. 3. B. Rush Mitchell.
- No. 4. D. B. Phillips.
- No. 5. James Hamilton.
- No. 6. J. L. Burtt.

The Board, having carefully examined thirty-four of the candidates for admission into the Navy as Assistant Surgeons who appeared before it, have selected nine of the best qualified. They are as follows:—

- No. 1. James H. Stuart, of Pennsylvania.
- No. 2. J. Pembroke Thom, of Virginia.
- No. 3. John M. Browne, of New Hampshire.
- No. 4. John Y. Taylor, of Delaware.
- No. 5. Henry Clay Caldwell, of Virginia.
- No. 6. Thomas J. Turner, of Pennsylvania.
- No. 7. Wm. T. Hord, of Kentucky.
- No. 8. Wentworth R. Richardson, of Massachusetts.
- No. 9. A. Clarkson Smith, of Pennsylvania.

*The Schuylkill County Medical Society.*—At the annual meeting of the Schuylkill County Medical Society, the following gentlemen were elected officers for the ensuing year:—

*President.*—W. House.  
*Vice-President.*—G. W. Brown.  
*Recording Secretary.*—D. J. McKibbin.  
*Corresponding Secretary.*—G. Halberstadt.

*Treasurer.*—J. S. Carpenter.  
*Members.*—John G. Koehler, Samuel K. Shannon, Robert Phillips, Enos Chichester, Lewis Royer, A. Heger, T. R. L. Ebur, J. C. McWilliams, B. F. Shannon, R. H. Coryell, John T. Nicholas, Samuel Berluchi, R. Leonard, J. W. Gibbs, Samuel R. Medlar, Daniel A. Ulrich, Jacob F. Treichler, T. B. Hale, Andrew Foster, William Appley, Charles M. Steinberger, O. M. Robins, and E. Hance.

*Philadelphia College of Dental Surgery.*—We are happy to learn that the success of this school has been highly encouraging, and that the number of students during the past (its first) session was quite large.

At the first annual commencement held this day (Feb. 28th), the Degree of Doctor of Dental Surgery was conferred by Dr. Elisha Townsend, upon S. Townsend Brown, Phoenixville; George W. Emerson, Washington; James S. Williams, Philadelphia; Henry Garret, Wilmington; R. Alison Miller, New Haven; and Arthur B. Williams, Washington.

The Honorary Degrees were conferred upon Dr. Wm. Bradley, Stephen T. Beale,

and S. Dillingham, of Philadelphia; Thos. W. Evans, Paris, France; J. T. Flagg, Boston, Mass.; F. B. Flagg, Wm. W. Fouche, Philadelphia; James Fleming, Harrisburg; Jacob Gilliams, James M. Harris, John H. McQuillen, S. L. Mintzer, and Daniel Neall, of Philadelphia; Oramel Rollo Post, Brattleborough; Frederick Reinstein, Edward Townsend, Charles Townsend, Jr., D. B. Whipple, C. C. Williams, and Samuel Stockton White, of Philadelphia; William P. Webster, Ohio.

A valedictory address was delivered by Professor J. D. White.

The following gentlemen compose the Faculty of the new College: J. D. White, Professor of Anatomy and Physiology; Robert Arthur, Professor of the Principles of Dental Surgery; Ely Parry, Professor of Chemistry and Materia Medica; Elisha Townsend, Professor of Operative Dentistry; T. L. Buckingham, Professor of Mechanical Dentistry; and D. B. Whipple, Demonstrator. Eli K. Price, Esq., is the President of the College.

*Dr. C. T. Jackson's Anticipated Discovery.*

—In our number for November last, p. 139, we mentioned that Dr. Jackson, in order to avoid the repetition of the accusation of dilatoriness in announcing his discoveries, and, wishing to please everybody, had hastened to proclaim an *anticipated discovery* that the poisonous effects of chloroform were owing to the presence of some poisonous compound of amyle. We are sorry to learn that if he was tardy before, he has been overhasty this time. It is stated (*New York Medical Times*, Dec. 1852), that "at the monthly meeting of the American Academy of Arts and Sciences, held at Boston, September 14, experiments with Dr. Jackson's Fusel Oil Compound on animals were reported, the conclusions from which are: 1. That the vapour of the Fusel Oil Compound alone is not poisonous; 2. That the view that this compound is the cause of the occasional fatal effects of chloroform is not sustained."

FOREIGN INTELLIGENCE.

*The Furunculoid Epidemic.*—**MR. DENDY** made some observations, at a recent meeting of the Medical Society of London (Jan. 29, 1853), on the present asthenic character

of disease, more especially, however, with reference to a carbuncular epidemic at present prevailing. These cases, scarcely to be classed under the head of carbuncle, commenced sometimes as a pemphigus bulla, and were very troublesome; they bore more resemblance to what was known as the "Persian Fire." He had found in these cases that the use of the knife was not advisable, but he had employed the argentum nitratiss with very excellent effects. He used the caustic in the early stage, and by causing a slough, quickly arrested the spread of the disease. In all these cases, the blood was in a depraved condition, and tonics and support indicated. In some cases, the tenderness of the skin was so great, that pressure of the slightest kind in the neighbourhood of the sore could not be borne.

**MR. B. W. RICHARDSON** had found in these cases that the best and most effective treatment consisted of tonics, support, and, above all, change of air. He had used the knife sometimes freely, but little matter escaped. He had noticed the irritation of the skin referred to by **Mr. Dendy**.

**MR. HANCOCK** had seen many cases similar to those mentioned by **Mr. Dendy**. He regarded them more in the light of furunculoid tumour than of anthrax, as several occasionally occurred in one limb. The cases were usually accompanied with disorder of the digestive organs and want of power. He had found the best plan of treatment was to leave the tumour quite alone, and allow it to suppurate. When interfered with, either by the knife or the nitrate of silver, others were apt to form, which was not the case when the first tumour was allowed to take its course. Alterative doses of mercury, followed by the nitro-muriatic acid, he had found the best internal medicines.

**MR. CHILDS** remarked that the cases under discussion had been very prevalent, particularly amongst the police force, during the last two or three months. He agreed with **Mr. Hancock** on the impropriety of early interference with these tumours. Tonic treatment was early required.

**MR. DENDY** observed that the nitrate of silver acted on the absorbents around the tumour, and, by stimulating them, cut short the progress of the disease, in the same manner that erysipelas was arrested. He had seen only good effects follow the nitrate of silver; it was in his hands preferable either to the use of the knife or to doing nothing.

MR. CANTON said that chlorate of potash in these cases was more likely to do good than any other internal medicine. Wine and good diet were early required. The blood disease might, he thought, be in a great measure attributed to the state of the weather. He did not agree with Mr. Dendy respecting the application of caustic; his own (Mr. Canton's) experience was in favour of a free opening at the proper time, extending to the healthy texture underneath and around, so that the disease might fairly be eliminated from the system. He had noticed, in families who had been subject to the furunculoid affection, that those members of it who escaped became the subjects of diarrhoea.

DR. HAWKESLEY had found large quantities of the oxalate of lime in the urine of patients affected with the furunculoid disease. In very obstinate cases, he had found the use of quinia and iron, and the local application of the resinous ointment, the best means of treatment.—*Lancet*, Feb. 5, 1853.

*Chloroform in Phagedenic Ulcers.*—MR. HANCOCK has employed pure chloroform as an application to phagedenic ulcers, and it is said that a few applications have been sufficient to stay the phagedenic tendency of the ulcer.

*Hereditary Peculiarities of form of Body.*—DR. HARE made some remarks, at a recent meeting of the Medical Society of London, relative to the tendency which certain peculiarities of constitution and form of body have to become hereditary. He detailed an instance of a family in which the hemorrhagic diathesis was distinctly manifested in three brothers, an uncle, and some other male members of the family, but amongst none of the females; and alluded to two other families similarly affected on the male side. He also narrated a remarkable case which had recently fallen under the observation of his friend, Dr. Heaton, of Leeds—that of a female who had no development of hair on any part of her body, nor any nails on her fingers or toes. Her mother and grandfather had exactly the same peculiarity. She had no children, but a sister of hers, who resembles herself in this peculiarity, has children, who have likewise the same defect; there being thus four generations consecutively, all presenting the same remarkable abnormal condition; and Dr. Hare suggested that, if

it were desirable, and the same kind of care taken which is bestowed in propagating certain breeds of animals, a hairless and nailless variety of the human species might probably be reared.—*Lancet*, Jan. 22, 1853.

*Method of preparing Gelatine.*—Gelatine is very generally used instead of calves' feet for making jelly. Jelly made from the former is firmer, less quickly dissolves, and is, we believe, more difficult of digestion than that made from the latter.

The following account of the mode of preparing the gelatine, given in a recent number of the *Lancet* (January 22), is the only one we have seen, and we publish it for the information of such of our readers as indulge in eating ordinary jelly:—

Ordinary gelatines are made from those pieces of skins which are cut off by the tanner as unfit for making leather, in consequence of thickness. The best description is prepared from the skins of calves' heads; these are separated from the whole skins after they have passed through the process of liming, to remove the hair from them.

The skins are next well washed, to get rid of the lime, and all the pieces of flesh and fat are carefully cut out; some manufacturers soak them for a short time in a dilute solution of muriatic acid, to remove any remaining portion of lime; but this practice is both injurious and unprofitable. The acid forms with the lime chloride of calcium, which, if it is not carefully removed by washing, is boiled up with the skins, and, being soluble, remains in the gelatine; a portion of the skins is also dissolved by the acid, and is thrown away in the water employed in washing them, which thus occasions a loss in weight.

In some cases the skins are boiled whole, in others they are cut into small pieces, or even reduced to a pulp by a machine especially constructed for the purpose.

If the skins are cut into fine pieces, instead of being put into the boiler whole, the gelatine will be better; that is, it will be of a lighter colour; and the process is more economical, as one-half the time will be saved in the boiling, and much less heat and fuel required. As the gelatine is darkened and carbonized by prolonged boiling, the reduction of the skins to a pulp is a point of very great importance in the manufacture of gelatine, so much so that Mr.

Swinbourne has obtained a patent for this method of preparation.

The skins are boiled with water, in the proportion of about one gallon of water to seven pounds of skin; a small quantity of common salt is added to preserve the gelatine. After it has boiled for about twelve hours, it is strained and clarified with white of eggs, and then run upon glass plates; as soon as it is solid, it is cut into slices and laid upon nets to dry, in a room heated to a temperature of about 80°. If the room is not heated, the surface of the gelatine becomes covered with small air-bubbles; when the gelatine is dry, it is cut by a machine in the same manner as isinglass.

The size of the glass plates varies according to the fancy of the manufacturer. The ordinary size is from fifteen by eighteen inches; but in some cases they are three feet square; the plates or slices of gelatine are generally about fifteen inches long by three wide.

Though the skin of the head of the calf only is used for making gelatine, the whole of the skin both of the calf and ox is perfectly adapted for the purpose, but is not used, as it is much more valuable for conversion into leather.

In some cases, especially in warm weather, the skins used are somewhat decomposed, but this is not general. This condition, although removed to some extent by repeated washings, cannot be entirely remedied; hence gelatine made from such damaged skins will always retain a smell and taste more or less disagreeable.

The French gelatine is usually much whiter than the English; this is owing principally to the calves being killed in France much younger than in this country.

*Scammony and its Adulterations.*—The number of the *Lancet* for 12th of February, 1853, contains an account of the chemical and microscopical examination of thirty samples of scammony as imported into England, and as procured from various chemists and druggists resident in London.

The following are the conclusions deduced from these examinations:—

1st. That out of the thirteen samples of scammony as imported, submitted to examination, one only was genuine; it yielding 79.60 per cent. of resin, the active principle.

2d. That eleven of the samples were more

or less adulterated; the amount of adulteration varying between 8 and 75 per cent., and the proportion of resin between 46.20 and 72.00; one sample having only 13.20 per cent.

3d. That one sample was entirely *factitious*, being composed of the resins of *guaiacum* and *jalap*, with much *woody fibre*, *cellular tissue*, and other *insoluble matter*.

4th. That the adulterating ingredients detected, consisted, for the most part, of impure carbonate of lime or chalk, and *wheat flour*, with sometimes *sand*, or other *earthy substance*, *gum*, and considerable quantities of *woody fibre* and *cellular tissue*.

5th. That of the seventeen samples of powdered scammony, purchased of various chemists and druggists, analyzed, one only was genuine, it affording 76.40 per cent. of resin.

6th. That the whole of the remaining samples were adulterated, frequently to an enormous extent. The adulterating ingredients constituting from 18 to about 65 per cent. of the entire article, and the resin varying from 27.20 to 65.60 per cent., that is to say, some of the samples contained little more than one-fourth the proper quantity of scammony, and of course were deficient to that extent of the active properties which they should possess.

7th. That the adulterating ingredients in these samples consisted principally of enormous quantities of *wheat flour*, with frequently some *chalk*, and occasionally *sand* or other *earthy substance*.

We have now to ascertain who are the parties that practise these adulterations.

From the fact that the majority of the samples of gum-resin of scammony, as imported, contain chalk, and sometimes wheat flour, &c., it is evident that these adulterations are practised, to some extent, before the article is brought into the English market.

It is equally evident, from the analysis given, that scammony undergoes further adulteration after its arrival in this country; this consisting principally in the addition to it of large quantities of wheat-flour.

We may here observe that in some cases it is quite possible to determine whether the addition of the flour has been made subsequent to its importation or not by the condition of the starch-granules. When starch is added to scammony abroad, it is mixed with it while the resin is soft; the granules thus become embedded in and coated with

the resin in a manner from which no subsequent powdering can entirely free them.

On the other hand, when the starch has been added after the resin has been reduced to powder, the granules and masses of granules retain their usual appearance and characters.

The facts brought out in this article are calculated to give rise to some serious reflections; for if adulterations exist in other important articles of the *Materia Medica* to anything like the same extent, then there is introduced into the treatment of disease endless uncertainties and differences through the varying action and strength of remedies.

The proper doses of remedies are usually determined by the results of repeated and carefully conducted experiments with drugs and chemicals of ascertained purity. These results are recognized and acted upon by the profession at large; but what, in the face of such facts as are referred to in the above report, is the practical value of such results? For we see that the strength of the same remedy, from adulteration only, sometimes varies as one to four; that is, that forty grains in some cases will not be stronger than ten of the genuine drug. No wonder, then, that the physician is so often disappointed in the effects of his prescription, and that the patient even should sometimes look with distrust on his medical adviser, whose statements and expectations, with respect to the action of his remedies, so frequently fail to be realized.

Here, too, we meet with an explanation of the extraordinary doses in which certain remedies are reported to be used by different practitioners; some telling us that they prescribe enormous doses of calomel, elaterium, opium, scammony, &c., and find only the ordinary effects; hence such physicians are led to conclude that the remedy is not so active as described, overlooking in general the existence of adulteration, and are even induced to entertain serious doubts with respect to the general efficacy of medicine. Under such circumstances, it is useless for the physician to consider carefully the age, strength, and condition of his patient for the purpose of apportioning correctly the doses of the remedies contained in his prescription; too often the adulterator steps in and renders all attempt at calculation futile.

Neither with safety can the prescriber venture to act on the presumption that certain medicines, being ordinarily adulterated,

may be administered in more than the recognised doses, for as it is just possible that he may secure a genuine article, as great an error would be committed, perhaps, by such a proceeding, as by an adherence to the usual practice.

The gum-resin and powder of scammony being so extensively adulterated, it of course follows that all the other articles of the *Materia Medica*, into the composition of which scammony enters, as confection of scammony, scammony with calomel, and compound scammony powder, are similarly adulterated, their properties and strength being thus rendered very uncertain.

*The Medical Profession of Paris.*—The Medical Directory of Paris, published by *L'Union Médicale*, gives the following numbers as to our Parisian brethren. Doctors of medicine and of surgery, 1337; officers de santé (an inferior grade), 179; pharmaciens, 423; midwives, 277. From the 1st of January, 1851, to 31st of December, 1852, there died in Paris, 39 doctors of medicine; in the two previous years 64 had died. In the year just elapsed, 88 new practitioners set up in the capital. This year's list contains 15 medical men less than the last. The Directory also gives the numbers in the districts surrounding Paris, and from these statements it would appear that there is a great disproportion between doctors and patients. There are, in fact, less than 500 inhabitants for one medical man; and when it is considered how many of these apply to public institutions, very little is left for individual practitioners. *L'Union Médicale* warns young men from settling in Paris, as the exuberance of professional men is enormous.—*Lancet*, January 29, 1853.

*Physicians to the Household of the Emperor of France.*—Napoleon III. has organized the medical staff of his household. By an Imperial Decree of the 31st Dec. last, the following appointments are made:—

Dr. CONNEAU, First Physician to his Majesty, and Chief Physician to the Household.

MM. Andral and Rayier, Physicians, with a salary of 8,000 francs.

M. de Pietra-Santa, Assistant Physician, and Secretary to the Medical Staff, salary 6,000 francs.

MM. Jobert (de Lamballe) A. H. Larrey, Surgeons, with a salary of 8,000 francs.

MM. Begin, Berard, Bouillaud, J. Cloquet, Gaultier de Claubry, Michel Levy, Louis, and Velpeau, Consulting Physicians and Surgeons.

MM. Arnal, Bonlu, L. Corvisart, Delaroque, Fleury, Longet, Tenain, and Vernois, Physicians and Surgeons, to serve quarterly, salary 6,000 francs.—*Gazette Médicale de Paris*, 15th Jan. 1853.

*Dr. Trousseau.*—By a late Imperial Decree, Dr. TROUSSEAU has been transferred from the chair of Therapeutics and Materia Medica, in the Faculty of Medicine of Paris, to that of Clinical Medicine.—*Gaz. Méd. de Paris*.

*M. Malgaigne.*—By a decision of the Correctional Tribunal of Paris, M. MALGAIGNE has been condemned for a libel on M. Jules Guerin, to a fine of 2,000 francs, and the expense of publishing this decision in two medical journals.—*Gaz. Méd. de Paris*, Jan. 1, 1853.

*Medical Students in Paris.*—The number of medical students in Paris, which for the ten years previous to 1850 had decreased, has been increasing considerably during the past three years. This is shown by the following table, given in the *Journal des Connaissances* (Dec. 15, 1852), of the number of inscriptions taken, in each of the last 13 years, at the Faculty of Medicine:—

Years.	Inscriptions.
In 1840	879
1841	749
1842	791
1843	746
1844	800
1845	851
1846	903
1847	859
1848	786
1849	880
1850	1222
1851	1300
1852	1437

*OBITUARY RECORD.*—Died, of disease of the heart, on the 20th of January last, at his residence in Finsbury-square, London, JONATHAN PEREIRA, M. D., F.R.S., in the 49th year of his age. This distinguished physician, some weeks before his death,

when on a visit to the Hunterian Museum, fell down and ruptured the tendon of the rectus femoris of the right side, from the consequences of which injury he was gradually recovering up to the time of his decease, which occurred, we are informed, as he was ascending the stairs to his bedroom; he was seen to place his hand to the chest, and had merely time to express his conviction that the hand of death was upon him, and to request the attendance of a medical friend in the neighbourhood; before, however, that gentleman arrived, the Doctor had ceased to exist. The deceased deservedly occupied a high position in the profession, to the advancement of which he had contributed several valuable works, particularly his “*Elements of Materia Medica and Therapeutics*,” a work enjoying an European celebrity, and a third edition of which he had nearly completed and published when he was arrested by death. Dr. Jonathan Pereira became a member of the Royal College of Surgeons on the 3d of June, 1825, an M.D. of Erlangen, 1840, L.R.C.P. in the same year, and in 1845 became a Fellow of the College. The deceased was one of the principal supporters of the Aldersgate-street School of Medicine, where he had a very large class, which after a time he resigned for a more successful field for his exertions, viz., the London Hospital; of this excellent institution he was physician at the time of his lamented decease. Dr. Pereira's death also creates a vacancy in the Examining Board of the University of London, an appointment which the Senate will experience some difficulty in filling up with a successor equal to the deceased, as an examiner in *materia medica* and *pharmacy*. The following are some of his contributions to the advancement of science: *Treatise on Diet*, 1842; *Selecta & Prescriptis*, eleventh edition 1851; *Lectures on Polarized Light*, 1843; *A Translation of the Pharmacopœia of 1824*; *A Manual for the use of Students*, 1826; *A General Table of Atomic Numbers*, with introduction to the *Atomic Theory*, 1827. In addition to the above, Dr. Pereira had contributed several valuable papers to the journals of the day, and was a member of several learned societies both at home and abroad.

Died, on the 25th of January last, of disease of the heart, GEORGE GREGORY, M. D., for many years physician to the Smallpox Hospital, London.